

Living Goods Quarterly Report

With the launch of the four-year plan in January, we're expanding our network of Community Health Promoters (CHPs), deepening the level of care we deliver to families, and working to ensure that the changes we're aiming for will endure. In Q1, we added 135 new CHPs, putting us on track to provide over six million people with quality health care by the end of 2017. Additionally, we're piloting a broad range of experiments that will inform the scale-up of new innovations in 2018 and beyond. Innovations that will help save more lives by advancing our goal of delivering basic health care to every family who needs it.



Q1 Health Milestones

 Number of
People Served

5,175,000

Active Community Health Promoters



LG Kenya



870

LG Uganda



1,720

BRAC Uganda

3,880

Pregnancies
Supported in Q1



48,200

32,000



Sick Children Under
One Assessed in Q1

Sick Children Under
Five Assessed in Q1



283,600

Living Goods clients in Western Kenya with their happy and healthy new baby.



CHP Respa talks to a new mother about proper nutrition and care for her baby.

Improving Health Metrics Through Performance Management

After a dip in performance in Q4 2016, following the addition of over 300 new CHPs and the rollout of the updated mobile platform, Kenya's health metrics are steadily improving. Under-one assessments per CHP are up almost 25 percent from Q4, hitting the target of 4, and under-five assessments per CHPs are up almost 30 percent. Timely referral follow-ups are at an all-time high with 80 percent of visits being conducted within 24 hours.

Based on learnings from Q4, the team launched new initiatives to keep staff and CHPs motivated and laser-focused on health. CHPs are now encouraged to hit a combination of KPIs that drive health impact—rather than emphasizing singular health metrics such as pregnancy registrations. This keeps them focused on the quality of care delivered, and safeguards against the perverse use of incentives. CHPs can now earn more money for hitting a pre-defined combination of under-five assessment, pregnancy, and postnatal visit targets. We're seeing renewed motivation across the team, with more CHPs hitting their individual health targets and earning more money. These early findings will help inform and shape our performance management strategy across the organization.

To boost performance even further, we introduced a temporary group incentive to align all field staff on the same goals. CHPs, branch staff—and for the first time, government Community Health Extension Workers (CHEWs)—earned a small reward if their team hit all health and activity targets. Throughout the year, we will continue to deepen our engagement with CHEWs, who serve as the formal supervisors of community health workers in Kenya. We will soon be able to grant them direct access to a special version of our mobile dashboard, and are designing a pilot that will second CHEWs to work within a Living Goods branch, helping them build their supervisory and performance management skills.

Driving Impact and Innovation with Government

Living Goods Uganda hit their targets for under-one and under five-assessments, pregnancy registrations, and percentage of on-time follow-up visits, continuing their strong health performance from Q4. While the team is still missing the target for on-time postnatal visits, performance is improving month over month. In June, the mobile app will be updated to include a postnatal visit task reminder.

As part of our experiments to deepen our health impact, Living Goods is working closely with the Government of Uganda to ensure buy-in and alignment. In Q1, we received permission to distribute Sayana Press as part of our family planning pilot and are participating in family planning technical working groups. (Read more about family planning on page 5.)

We are also piloting a community-based disease surveillance app in partnership with Medic Mobile and Skoll Global Threats to help mitigate deadly outbreaks like Ebola and cholera. With strong support from Uganda MoH, and input from WHO and UNICEF, we launched a test of app at our Tula branch in Q1. We will expand the app to additional Uganda branches in Q2 for testing. By integrating with government systems, the app has transformative potential to prevent outbreaks by flagging critical, real-time health data collected by CHPs.

BRAC Launching Initiatives to Improve Health Performance

While on-time referrals and postnatal visits continue to be strong, BRAC missed their target on treatments, assessments, and pregnancy registrations. Challenges with these metrics may have been compounded by the distribution of free m-RDTs and medicines in certain catchment areas, and the ongoing drought in the northeast region. In Q2, BRAC will introduce a mentorship program to support CHPs, test different incentive schemes to motivate CHPs, and pilot a microfinancing structure, which can be used by CHPs to purchase health-specific products. BRAC expects to fully transition to the mobile platform by the end of Q3.



CHP Josephine comforts a young child while waiting for the results of a malaria test.



// *I have lost count of how many times I have won 'Best Performer.' Maybe five or six times, but it still makes me very happy. It is a great encouragement and fills me with motivation and power. I think I keep [achieving] because I spend so much time in the field. I work hard every day teaching people about health issues and how [they can] lead a healthier life. I go door to door every day, even on Sundays. It's hard work being on your feet all day and carrying the heavy bag, but how can you get tired when you're treating people?"*

—Molly, Living Goods CHP, Uganda

Deepening Health Impact with CARE and Population Services International

In Zambia, Live Well secured critical grant funding enabling them to continue operations through the end of June, and cultivated relationships with key stakeholders shaping Zambia's new community health strategy—including UNICEF, CHAI, and Zambia MoH.

In Myanmar, Win-Win launched their third hub in peri-urban Yangon with a health-only product basket and a hand-selected team of agents who have previous experience serving their communities. If the experiment is successful—measured by sales and agent retention—Win-Win will consider streamlining product offerings at the other two hubs to focus on health products.

Exploring New Partnership Models

The partnership team is exploring opportunities in South Africa, Rwanda, Sierra Leone, India, Nepal, Uganda, and Kenya to accelerate the wide-spread adoption of effective and lasting community health solutions. In Q1, the team shaped key experiments that will help Living Goods identify potential new models for working with partners, including a simple version of the model and providing technical assistance to government in a district in Uganda.



Innovation Spotlight: Family Planning

For millions of families across sub-Saharan Africa, family planning options are scarce. The prevalence of modern contraceptives is around 20 percent in Uganda and 50 percent in Kenya. The burden of unintended pregnancies falls disproportionately on poor women and girls, severely limiting their opportunities and ability to care for their families.

As trusted health advisors in their communities, CHPs are in a unique position to educate and provide families with family planning options. In early Q3, Living Goods will launch a pilot in Uganda that will inform the scale-up of our family planning offerings across the organization in 2018. We've made significant headway in Q1, securing permission from MoH Uganda to distribute Sayana Press—a simple and affordable injectable contraceptive—and building out a clinic-referral system for families looking for longer-term family planning methods.



Harnessing Data to Deepen Impact

Through predictive modeling, we can identify factors that may indicate a greater risk of negative health outcomes—for example, how a mother's age may correlate to a higher risk of having a low birth weight baby. Identifying these correlations could have life-saving implications by enabling us to deliver targeted care to those who need it most. In March, Living Goods teamed up with the nonprofit DataKind to delve deeper into our health data. A team of over 20 volunteer data scientists spent a productive weekend analyzing data and predictive outcomes for the mothers and children we serve. The collaboration further validated our conviction that the mobile platform and data have the potential to drive even greater impact. We will leverage learnings to move this work forward in the coming months.

Building Visibility and Influence

- Working hand-in-hand with the Uganda MoH, Living Goods participated in the first annual **Community Health Worker Symposium** in Kampala, presenting on the RCT findings, training and performance management, and on our tech tools in partnership with Medic Mobile.
- In Nairobi, we moderated an influential panel at the **Aid and Development Conference** in Nairobi, that included Jhpiego, UNFPA, and Plan International, and presented at the AMREF's **Africa Health Agenda International Conference** alongside Dr. Mourice Siminyu, a key MoH partner in Busia County.
- Living Goods attended USAID's **International Community Health Conference** in Johannesburg. As part of the official Uganda, Zambia, and Kenya country delegations, we engaged with country leaders and helped shape discussions and recommendations surrounding their community health strategies.



CHP Rita uses her mobile app to assess a seven-month-old child for a cough and diarrhea.



Celebrating a CHP graduation at the Masajja Branch in Uganda.

Funding and Hiring Updates

Living Goods received a \$1.4 million award from the Innovation Investment Alliance, a funding collaboration between The Skoll Foundation, USAID's Global Development Lab, and Mercy Corps to share learnings and create systems-level change across sectors. The funding will support our experiments, innovations, and learnings in Uganda.

We welcomed three new key hires in the Kenya office!



Nayantara Watsa, Deputy Director, Business Development, joins Living Goods from Population Services International, where she led strategy development global health projects across Africa, Asia, and Latin America.



Rita Busulu, Senior Partnership Manager, joins Living Goods from Accenture where she facilitated and managed partnerships with governments, corporations, NGOs, and donors across Africa.



Njuru Ng'ang'a, Kenya Deputy Country Director, joins Living Goods with over 25 years of experience managing USAID-funded programs in East and Southern Africa.

Living Goods Q1 2017 Key Performance Indicators

	Living Goods-Uganda			BRAC- Uganda			Living Goods-Kenya		
	Q1 2017 Target	Q1 2017 Actual	Q1 2016	Q1 2017 Target	Q1 2017 Actual	Q1 2016	Q1 2017 Target	Q1 2017 Actual	Q1 2016
Impact Metrics							<i>malaria endemic / non</i>		
Pregnancies Registered / CHP per month	3.0	3.6	10.6	3.0	2.4	3.1	2.0	1.7	2.2
Under-1 Assessments / CHP per month	4.0	4.8	4.0	4.0			4 / 3	4.5 / 3.4	2.6 / 2.6
Under-1 Treatments / CHP per month	4.0	2.7	4.5	4.0	2.7	3.5	4 / 3	1.8 / 0.7	2.4 / 1.3
Under-5 Assessments / CHP per month	18.0	20.3	15	18.0	13.0		18/12	17.2 / 9.0	11.8 / 9.0
Under-5 Treatments / CHP per month*	14.0	12.0	17.5	14.0	9.5	12.7	14 / 9	9.3 / 3.9	11.9 / 4.3
Active CHPs	1,640	1,720	931	4,065	3,881	2,753	852	868	208
Total Pregnancies Registered	12,392	16,755	26,733	34,478	27,449	25,013	4,084	3,967	1,221
Total Under-1 Assessments	16,523	22,203	10,220	45,971			7,863	9,876	1,515
Total Under-1 Treatments	16,523	12,780	11,364	45,971	31,592	28,525	7,863	4,188	1,256
Total Under-5 Assessments	74,355	94,382	37,845	206,867	151,878		34,922	37,344	6,370
Total Under-5 Treatments	57,831	55,804	44,285	160,897	111,111	104,346	27,060	19,850	5,931
% On-Time Referral Follow-Up	65%	77%	40%	65%	89%		65%	81%	26%
% Postnatal Care Visit in first 48 hours***	85%	37%	76%	85%	92%	87%	85%	40%	46%
% of 'High Impact' Items in stock	100%	100%	100%	100%	98%	93%	100%	100%	98%
Sustainability Metrics									
Wholesale Sales (USD)	\$206,540	\$140,744	\$83,964	\$365,850	\$87,256	\$157,337	\$72,371	\$45,375	\$20,794
Sales / CHP per month (USD)	\$50.00	\$26.57	\$29.78	\$30.00	\$7.47	\$19.01	\$35.00	\$20.39	\$33.28
Sales / CHP per month (local)	167,500	94,430	100,521	100,500	26,456	64,092	3,500	2,072	3,337
Initial Wholesale Margin	22.0%	21.2%	25.4%	10.0%	14.0%	6.6%	21.0%	19.4%	19.2%
Final Wholesale Margin	20.5%	20.5%	23.9%	9.0%	14.0%	6.6%	19.0%	18.3%	15.0%
Population Served	1,311,881	1,376,000	744,800	3,252,000	3,104,800	2,202,400	681,400	694,400	166,400
Net Cost per Capita Served (annualized)	\$2.11	\$2.20	\$2.51	\$1.53	\$0.79	\$0.62	\$3.92	\$3.57	\$8.47

*Note 1: BRAC data from paper reporting, with plans to capture additional data when mobile roll-out completed in Q3

**Note 2: Under-5 treatments in Uganda have dropped year-over-year in large part due to the introduction of mRDT's, which enables more accurate diagnosis of malaria

***Note 2: The new mobile system calculates on-time PNC visits differently to better capture all pregnancies, and so results to previous periods and across mobile / non-mobile users are not comparable.